04/07/2008 11:56

Image# 28931062241

# **FEC**

### REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Americas Health Insurance Plans PAC (AHIP PAC) 601 Pennsylvania Avenue NW ADDRESS (number and street) Suite 500 South Building Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00106740 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 02 0 1 2008 02 29 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Robert Borchardt Type or Print Name of Treasurer Electronically Filed by Robert Borchardt 04 07 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name Americas Health Insurance Plans PAC (AHIP PAC) <sup>®</sup> D " D 0 2 0.2 29 0 1 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 167489.76 2008 January 1 (b) Cash on Hand at 171492.16 Begining of Reporting Period ..... 34442.86 44628.82 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 205935.02 212118.58 6(a) and 6(c) for Column B) ..... 33873.16 40056.72 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 172061.86 172061.86 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

01

<sup>Y</sup> 2 0 0 8

To: 0 2 2

<sup>D</sup> 2<sup>D</sup> 9

2008

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	12557.64	14707.48
	(ii) Unitemized	1701.66	
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	14259.30	19393.60
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	20000.00	25000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	34259.30	44393.60
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	183.56	235.22
	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	34442.86	44628.82
:0.	Total Federal Receipts (subtract Line 18(c) from Line 19)	34442.86	44628.82

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	123.16	306.72
Expenditures(c) Total Operating Expenditures	120.10	000.72
(add 21(a)(i), (a)(ii) and (b))	123.16	306.72
2. Transfers to Affiliated/Other Party  Committees	0.00	0.00
Contributions to     Federal Candidates/Committees	33500.00	39500.00
and Other Political Committees		
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other     Than Political Committees	0.00	0.00
	0.00	0.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	250.00	250.00
). Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,	00070.40	40050.70
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	33873.16	40056.72
. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	22072.16	40056.70
from Line 31)	33873.16	40056.72

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	34259.30	44393.60
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	34259.30	44393.60
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	123.16	306.72
37.	Offsets to Operating Expenditures (from Line 15, page 3)	183.56	235.22
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-60.40	71.50

FE6AN026

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 25 (check only one)    X
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and addre	ot be sold or used by any perso sss of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Americas Health Insurance Plans PAC	C (AHIP PAC)		
Α.	Full Name (Last, First, Middle Initial) James Balda			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			02 29 2008
	City	State	Zip Code	Transaction ID: A290229-1
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		62.50
	Name of Employer America's Health Insurance	Occupation		7
	<u>Plans</u>	1	er Services and Profession	al De
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 250.00	]
_ В.	Full Name (Last, First, Middle Initial) Carmella Bocchino	.1		Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build	0 2 1 5 2 0 0 8		
	City	Transaction ID: 290229-2		
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.33
	Name of Employer America's Health Insurance Plans	Occupation Executive	Vice President, Clinical Aff	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 833.32	
_ C.	Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
	Mailing Address 601 Pennsylvania Ave Suite 500, South Build			02 29 YYYY 2008
	City Washington	State DC	Zip Code 20004	Transaction ID: A290229-2  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20007	208.33
	Name of Employer America's Health Insurance Plans	Occupation Executive	Vice President, Clinical Aff	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 833.32	
	SUBTOTAL of Receipts This Page (optional)			479.16

TOTAL This Period (last page this line number only) .....

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P	d Statements may not be sold or used by any per the name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Francie Burkhart  Mailing Address 601 Pennsylvania A Suite 500, South Bu City Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans	venue N.W.	Date of Receipt    M M M
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Francie Burkhart  Mailing Address 601 Pennsylvania A Suite 500, South Bu City Washington  FEC ID number of contributing federal political committee.		Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer America's Health Insurance Plans Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Director Political Affairs  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) William Cameron Mailing Address 2000 N Classen Boo	ulevard	Date of Receipt  0 2 2 7 2 0 0 8
City Oklahoma City  FEC ID number of contributing federal political committee.	State Zip Code OK 73106-6023	Transaction ID: b690a04f44b0ce614a  Amount of Each Receipt this Period  2000.00
Name of Employer American Fidelity Assuran- ce Company Receipt For:  Primary General Other (specify) ▼	Occupation CEO  Aggregate Year-to-Date   2000.00	
SUBTOTAL of Receipts This Page (optional	)	2250.00

SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 25 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans F	PAC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Yvonne Chanatry			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			02 15 7 2008
City	State	Zip Code	Transaction ID: 290229-10
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer	Occupation	n	
America's Health Insurance Plans	Vice Pres	sident, Marketing and Graph	ics
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	333.32	
Full Name (Last, First, Middle Initial) Yvonne Chanatry	I		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			02 / 29 / 2008
City	State	Zip Code	Transaction ID: A290229-10
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance Plans	Occupation Vice Pres	n sident, Marketing and Graph	ic <b>s</b>
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 333.32	
Full Name (Last, First, Middle Initial) Gregory Dean			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			02 / 29 / 2008
City	State	Zip Code	Transaction ID: A290229-11
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		62.50
Name of Employer America's Health Insurance Plans	Occupation Exec Dir	n - AHIPS Learning & Resourd	ce C
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼	0 0	250.00	
			229.16

TOTAL This Period (last page this line number only) .....

## SCHEDULE A (FEC Form 3X)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  Annericas Health Insurance Plans PAC (AHIP PAC)  Full Name (Last, First, Middle Initial)  Jail Dewell  Mailing Address 601 Pennsylvania Avenue N.W.  Suite 500, South Building  C yeono4  FEC ID number of contributing referral political committee.  Pull Name (Last, First, Middle Initial)  Jail Dewell  Transaction ID: 290229-13  Amount of Each Receipt this Period  PFull Name (Last, First, Middle Initial)  Jail Dewell  Jail D	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 25 (check only one)    X   11a	
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
Washington   DC   20004   Amount of Each Receipt this Period   Receipt Depth   Receipt State   Receipt For:   Primary   General   Other (specify)   Receipt For:   Occupation   Other (specify)   Receipt For:   Other (specify)   O	Jill Dowell  Mailing Address 601 Pennsylvania Aver		M M / D D / Y Y Y Y	
FEC ID number of contributing federal political committee.    Name of Employer Americas Health Insurance Plans   Primary General	-	·		
Plans	FEC ID number of contributing			
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City State Zip Code Washington DC 20004  FEC ID number of contributing federal political committee.  C Suite 500, South Building  C C Sund Affairs  Receipt For: Primary General Other (specify) ▼ State Zip Code OCcupation OCc	Plans Receipt For: Primary General	VP, Federal Affairs  Aggregate Year-to-Date ▼  333.32		
City State Zip Code DC 20004  FEC ID number of contributing tederal political committee.  C	Jill Dowell	nue N.W.	M M / D D / Y Y Y Y	
Washington  DC 20004  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:    Primary   General Other (specify) ▼	<u> </u>			
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Jeffrey Gabardi Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City State Zip Code Washington DC 20004  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Occupation Senior Vice President, State Affairs  Aggregate Year-to-Date ▼  Transaction ID: 290229-14  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  125.00	•	·		
America's Healfh Insurance Plans Receipt For: Primary General Other (specify)  Other (specify)  Aggregate Year-to-Date  Aggregate Year-to-Date   Aggregate Year-to-Date   Date of Receipt  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City State Zip Code Washington  DC 20004  FEC ID number of contributing federal political committee.  Name of Employer America's Healfh Insurance Plans Receipt For: Primary General Other (specify)  Aggregate Year-to-Date  Occupation Senior Vice President, State Affairs  Aggregate Year-to-Date  Occupation Senior Vice President, State Affairs  Aggregate Year-to-Date  Other (specify)  Sould State Affairs	FEC ID number of contributing	1 1 1 1 1 1		
Primary General Other (specify) ▼    State   Zip Code	America's Health Insurance	· ·		
Date of Receipt	Primary General			
Suite 500, South Building  City  State Zip Code  Washington  DC 20004  Transaction ID: 290229-14  Amount of Each Receipt this Period  125.00  Name of Employer America's Health Insurance Plans  Receipt For:  Primary  Other (specify)   Occupation Senior Vice President, State Affairs  Aggregate Year-to-Date   Aggregate Year-to-Date   500.00	,	,		
Washington  DC 20004  Amount of Each Receipt this Period  C 125.00  Name of Employer    America's Health Insurance    Plans    Receipt For:    Primary   General    Other (specify) ▼  Amount of Each Receipt this Period  125.00  C 20004  Amount of Each Receipt this Period  125.00  Aggregate Year-to-Date ▼  500.00	Suite 500, South Buildi	ing	02 15 2008	
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For:  Primary General Other (specify) ▼  Occupation Senior Vice President, State Affairs  Aggregate Year-to-Date ▼  500.00	•	·		
America's Healfh Insurance Plans  Receipt For:  Primary  Other (specify)   Other (specify)   Senior Vice President, State Affairs  Aggregate Year-to-Date   500.00	FEC ID number of contributing			
Primary General Other (specify) ▼ 500.00		I '		
SUBTOTAL of Receipts This Page (optional)	Receipt For:  Primary General			
	SUBTOTAL of Receipts This Page (optional)		291.66	

## SCHEDULE A (FEC Form 3X)

	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for	commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) mericas Health Insurance Plans PAC	C (AHIP PAC	C)	
<b>4.</b> <u>Jef</u>	ll Name (Last, First, Middle Initial) ffrey Gabardi			Date of Receipt
Ma 	iling Address 601 Pennsylvania Ave Suite 500, South Build			02 29 29 2008
Cit	y ashington	State DC	Zip Code 20004	Transaction ID: A290229-14
FE	C ID number of contributing deral political committee.	C	20004	Amount of Each Receipt this Period  125.00
<u>Pla</u>	me of Employer nerica's Health Insurance ans ceipt For:		n ice President, State Affairs e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	500.00	
<b>B</b> il	ll Name (Last, First, Middle Initial) ly Hill	<u> </u>		Date of Receipt
Ma	ailing Address 5508 Parkcrest Drive			02 12 2008
Cit	•	State	Zip Code	Transaction ID: 14215c70165e54b4ac0
FE	ustin C ID number of contributing deral political committee.	C	78731-4914	Amount of Each Receipt this Period  2000.00
Na Ur Ins	me of Employer nited Teacher Associates surance Co	Occupatio CEO	n	1
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
	II Name (Last, First, Middle Initial) Inna Horoschak	l		Date of Receipt
	iling Address 601 Pennsylvania Ave Suite 500, South Build	ing		02 15 2008
Cit W	y ashington	State DC	Zip Code 20004	Transaction ID: 290229-18  Amount of Each Receipt this Period
FE	C ID number of contributing deral political committee.	C		83.33
<u>Pla</u>	me of Employer nerica's Health Insurance ans	Occupatio Vice Pre	n sident, Product Polcy	
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 333.32	
SUB	TOTAL of Receipts This Page (optional)			2208.33
	AL This Period (last page this line number			

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(1)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 25 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plans P	AC (AHIP PAC	;)	
Full Name (Last, First, Middle Initial) Donna Horoschak			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu			M M / D D / Y Y Y Y Y O S
City	State	Zip Code	Transaction ID: A290229-18
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer America's Health Insurance	Occupation Vice Pres	n sident, Product Polcy	1
<u>Plans</u> Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	riggiogalo	333.32	
Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	·		
Washington	DC	20004	Transaction ID: 290229-24  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupation Svp, Cer	n Iter for Health Policy & Rese	<del></del>
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Jeff Lemieux			Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building			02 29 7 2008
City	State	Zip Code	Transaction ID: A290229-24
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer America's Health Insurance Plans	Occupation Svp, Cer	n Iter for Health Policy & Rese	ar
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional	)		333.33

TOTAL This Period (last page this line number only) .....

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 25 (check only one)    X   11a
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any perso sing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Dan Leonard		Date of Receipt
Mailing Address 601 Pennsylvan Suite 500, South	n Building	02 15 2008
City <u>Washington</u>	State Zip Code DC 20004	Transaction ID: 290229-25  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼	Occupation Executive VP, Advocacy & Profession Aggregate Year-to-Date   833.32	nal
Full Name (Last, First, Middle Initial) Dan Leonard Mailing Address 601 Pennsylvan	is Avenue N.W.	Date of Receipt
Suite 500, South	n Building	02 29 7 2008
City Washington	State Zip Code DC 20004	Transaction ID: A290229-25  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 2000+	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive VP, Advocacy & Profession	na
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  833.32	
Full Name (Last, First, Middle Initial) Betsy Pelovitz		Date of Receipt
Mailing Address 601 Pennsylvan Suite 500, South		02 / 29 / 2008
City Washington	State Zip Code DC 20004	Transaction ID: A290229-35
FEC ID number of contributing federal political committee.	C 20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans	Occupation Executive Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	ional)	479.16

City State Zip Code Washington DC 20004  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Richard Ramsay  Paging State Zip Code Transaction ID: A290229-36  Coccupation Vice President Strategic Communication Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Richard Ramsay  Date of Receipt		CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 25 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
A. Suar-Pisano  Maling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City Washington DC 20004  FEC ID number of contributing federal political committee.  Name of Employer Primary General Obcupation  Maling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City State Zip Code Transaction ID: 290229-36  Amount of Each Receipt this Penod  Plans  Beceipt For: Primary General Other (specify) ▼  Agregate Year-to-Date ▼  Pull Name (Last, First, Middle Initial)  Susan Pisano  Date of Receipt  Maling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City State Zip Code  Vice President Strategic Communication  PEC ID number of contributing federal political committee.  C. Suname of Employer Agreeate Vear-to-Date ▼  Occupation  Vice President Strategic Communication  Pans  Receipt For: Primary General Occupation  Vice President Strategic Communication  Pans  Receipt For: Primary General Occupation  Vice President Strategic Communication  Aggregate Vear-to-Date ▼  Other (specify) ▼  Date of Receipt  Transaction ID: A290229-36  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 290229-36  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 290229-36  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 290229-36  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 290229-37  Transaction ID: 290229-37  Amount of Each Receipt this Period  Pans  Receipt For: Primary General Occupation  Vice President, State Advocacy  Amount of Each Receipt this Period  Pans  Receipt For: Primary General Occupation  Vice President, State Advocacy  Amount of Each Receipt this Period  Pans  Receipt For: Primary General Occupation  Vice President, State Advocacy  Amount of Each Receipt this Period  Pans  Receipt For: Primary General Occupation  Vice President, State Advocacy  Pans  Receipt For: Primary General Occupation  Vice President Nation  Aggregate Vear-to-Date V  Pans  Receipt For: Primary General Occupation  Amount of Each Re	A oı	r for commercial purposes, other than using the	statements mage name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
As Susan Pisano  Mailing Address 601 Pennsylvania Avenue N.W.  Suite 500, South Building.  City  Mashington  DC 20004  FEC ID number of contributing federal political committee.  C   Date of Receipt   Transaction ID: 290229-36    Amount of Each Receipt this Period   Titl.16    Transaction ID: 290229-36    Amount of Each Receipt this Period   Titl.16    Transaction ID: 290229-36    Amount of Each Receipt this Period   Titl.16    Transaction ID: 290229-36    Amount of Each Receipt this Period   Titl.16    Transaction ID: 290229-36    Amount of Each Receipt this Period   Titl.16    Date of Receipt   Titl.16    Date of R			C (AHIP PAC	0)	
Suite 500, South Building City Washington DC 20004  FEC ID number of contributing federal political committee.    C	۸.	Susan Pisano	nue N W		<del>-</del>
Washington   DC   20004   Amount of Each Receipt this Period		000,			
FEC ID number of contributing tederal political committee.  Name of Employer America's Health Insurance Plans. Receipt For:		-		Zip Code	Transaction ID: 290229-36
Name of Employer America's Health Insurance Plans Receipt For: Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) Susan Pisano Malling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building FEC ID number of contributing federal political committee.  Cocupation Vice President Strategic Communication Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Date of Receipt  Transaction ID: A290229-36  Amount of Each Receipt this Period  FEC ID number of Contributing FEC ID number of Contributing Primary Other (specify) ▼  Full Name (Last, First, Middle Initial) City Suite 500, South Building City State Zip Code DC 20004  FEC ID number of contributing federal political committee.  Cocupation Vice President Strategic Communication Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: 290229-36  Amount of Each Receipt this Period  Tansaction ID: 290229-37  Amount of Each Receipt this Period  Transaction ID: 290229-37  Amount of Each Receipt this Period  Transaction ID: 290229-37  Amount of Each Receipt this Period  Transaction ID: 290229-37  Amount of Each Receipt this Period  Transaction ID: 290229-37  Amount of Each Receipt this Period  Transaction ID: 290229-37  Amount of Each Receipt this Period  Transaction ID: 290229-37  Amount of Each Receipt this Period  Transaction ID: 290229-37  Amount of Each Receipt this Period  Transaction ID: 290229-37  Amount of Each Receipt this Period  Transaction ID: 290229-37  Amount of Each Receipt this Period  Transaction ID: 290229-37  Amount of Each Receipt this Period  Transaction ID: 290229-37  Amount of Each Receipt this Period  Transaction ID: 290229-37  Amount of Each Receipt this Period  Transaction ID: 290229-36  Tra		Washington	DC	20004	Amount of Each Receipt this Period
Plans Receipt For:    Primary			C		116.16
Plans Receipt For:    Primary   General   Aggregate Year-to-Date ▼		Name of Employer America's Health Insurance			
Primary General Other (specify) ▼ 464.64  Full Name (Last, First, Middle Initial) Susan Plsano Malling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans. Receipt For: Primary General Other (specify) ▼ 464.64  Full Name (Last, First, Middle Initial) Richard Ramsay Malling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004  FEC ID number of contributing federal political Communication Richard Ramsay Malling Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington DC 20004  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans. Receipt For: Primary General Occupation Vice President, State Advocacy Aggregate Year-to-Date ▼ Occupation Vice President, State Advocacy Aggregate Year-to-Date ▼ Occupation Vice President, State Advocacy Aggregate Year-to-Date ▼ Other (specify) ▼  Aggregate Year-to-Date ▼ Other (specify) ▼  Aggregate Year-to-Date ▼ Other (specify) ▼  Aggregate Year-to-Date ▼			<del>, '</del>	<u> </u>	tign
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City  State Zip Code Washington  FEC ID number of contributing federal political committee.  Vice President Strategic Communication Plans Receipt For: Primary General Other (specify) ▼  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City  State Zip Code Vice President Strategic Communication Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Richard Ramsay  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City  State Zip Code Washington  Date of Receipt  Transaction ID: A290229-36  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: 290229-37  Amount of Each Receipt  Transaction ID: 290229-37  Amount of Each Receipt this Period  FC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼		Primary General	Aggregate		
City State Zip Code Washington DC 20004  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	— 3.				Date of Receipt
Washington  DC 20004  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:					
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Richard Ramsay Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building City State Zip Code Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Q Cocupation Vice President, State Advocacy Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  333.32		•		•	
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Richard Ramsay  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City State Zip Code PEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For:  Occupation  Vice President Strategic Communication Aggregate Year-to-Date ▼  Date of Receipt  M M M D D D D D D D D D D D D D D D D		Washington	DC	20004	Amount of Each Receipt this Period
America's Health Insurance Plans Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Date of Receipt  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City State Zip Code Transaction ID: 290229-37  Washington  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼			C		116.16
Receipt For:    Primary   General   Aggregate Year-to-Date ▼     Cher (specify) ▼		America's Health Insurance			tion
Other (specify) ▼  Full Name (Last, First, Middle Initial) Richard Ramsay  Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City State Zip Code Washington  DC 20004  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  C 20004  Transaction ID: 290229-37  Amount of Each Receipt this Period  83.33					
Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building  City State Zip Code Washington  DC 20004  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt M M M / D D / 2 00 8  Transaction ID: 290229-37  Amount of Each Receipt this Period  83.33		— ··/ — ···		464.64	
Suite 500, South Building  City State Zip Code Washington DC 20004  FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼  State Zip Code Transaction ID: 290229-37  Amount of Each Receipt this Period  83.33  Aggregate Year-to-Date ▼  333.32	 >.	,	1		Date of Receipt
Washington  DC 20004  Amount of Each Receipt this Period  EC   State   State		Suite 500, South Build	ing		02 15 2008
FEC ID number of contributing federal political committee.  Name of Employer America's Health Insurance Plans  Receipt For: Primary General Other (specify)   Occupation Vice President, State Advocacy  Aggregate Year-to-Date   333.32		•		·	
Name of Employer America's Health Insurance Plans Receipt For:  Primary Other (specify) ▼  Occupation Vice President, State Advocacy  Aggregate Year-to-Date  333.32		-	DC	20004	Amount of Each Receipt this Period
Plans Receipt For:  Primary Other (specify)   Other (specify)   Aggregate Year-to-Date   333.32			C		83.33
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  333.32					
Primary General Other (specify) ▼ 333.32		Receipt For:		•	
SUBTOTAL of Receipts This Page (optional)				333.32	
	\[	SUBTOTAL of Receipts This Page (optional)			315.65
TOTAL This Period (last page this line number only)				<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 25 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	I Statements may not be sold or used by any person the name and address of any political committee to AC (AHIP PAC)	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Ramsay  Mailing Address 601 Pennsylvania Av Suite 500, South Bui	lding	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington  FEC ID number of contributing federal political committee.	State Zip Code DC 20004	Transaction ID: A290229-37  Amount of Each Receipt this Period  83.33
Name of Employer America's Health Insurance Plans Receipt For:  Primary  General  Other (specify) ▼	Occupation Vice President, State Advocacy  Aggregate Year-to-Date   333.32	
Full Name (Last, First, Middle Initial) Jeannine Rivet Mailing Address 9900 Bren Rd. E		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City  Minnetonka  FEC ID number of contributing federal political committee.	State Zip Code MN 55343-9664  C	Transaction ID: 3d6e014575939094b  Amount of Each Receipt this Period  5000.00
Name of Employer UnitedHealth Group  Receipt For: Primary General Other (specify)	Occupation CEO  Aggregate Year-to-Date ▼  5000.00	
Full Name (Last, First, Middle Initial) Scott Styles Mailing Address 601 Pennsylvania Av		Date of Receipt
Suite 500, South Bui	lding	02 15 2008
City Washington FEC ID number of contributing	State Zip Code DC 20004	Transaction ID: 290229-42  Amount of Each Receipt this Period
federal political committee.  Name of Employer America's Health Insurance Plans Receipt For: Primary General	Occupation Svp, Government Affairs Aggregate Year-to-Date ▼	204.35
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	817.40	5287.68

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 25 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any personant he name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans P.	AC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		0 2 2 9 2 0 0 8
City	State Zip Code	Transaction ID: A290229-42
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	204.35
Name of Employer America's Health Insurance	Occupation Svp, Government Affairs	
<u>Plans</u> Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	817.40	
Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		02 15 2008
City	State Zip Code	Transaction ID: 290229-46
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	833.32	
Full Name (Last, First, Middle Initial) Michael Tuffin		Date of Receipt
Mailing Address 601 Pennsylvania A Suite 500, South Bu		02 29 2008
City	State Zip Code	Transaction ID: A290229-46
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	833.32	
SUBTOTAL of Receipts This Page (optional	)	621.01
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line numb	·	

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 25 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PAC	(AHIP PAC)	
Full Name (Last, First, Middle Initial)  Duane Wright  Mailing Address 601 Pennsylvania Aver Suite 500, South Buildi City		Date of Receipt    M
Washington FEC ID number of contributing federal political committee.	DC 20004	Amount of Each Receipt this Period 62.50
Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	Occupation Executive Director, Legislative Affair Aggregate Year-to-Date ▼  250.00	

SUBTOTAL of Receipts This Page (optional)	•	62.50
TOTAL This Period (last page this line number only)	<u> </u>	12557.64

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 25 (check only one)  11a
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to s	for the purpose of soliciting contributions
Americas Health Insurance Plans P	PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) American Fidelity Corporation Pac		Date of Receipt
Mailing Address 2000 Classen Blvd		02 27 2008
City	State Zip Code	Transaction ID: 64901-40926760435104
Oklahoma City  FEC ID number of contributing	OK 73106	Amount of Each Receipt this Period 5000.00
federal political committee.	<b>C</b> C00210526	3000.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) Health Alliance Plan Pac		Date of Receipt
Mailing Address 2850 West Grand E	Boulevard	02 04 2008
City	State Zip Code	Transaction ID: 59695-90021914243699
<u>Detroit</u>	MI 48202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00410670	5000.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) New York Life Insurance Company Political A	action Committee	Date of Receipt
Mailing Address 51 Madison Ave. Room 1109		02 04 2008
City	State Zip Code	Transaction ID: 59310-8962365984916
New York  FEC ID number of contributing	NY 10010	Amount of Each Receipt this Period
federal political committee.	<b>C</b> C00158881	5000.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
SUBTOTAL of Receipts This Page (optional	I)	15000.00
TOTAL This Period (last page this line numl	ber only)	

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 25 (check only one)  11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Americas Health Insurance Plans PA	C (AHIP PAC	)	
Full Name (Last, First, Middle Initial) Wellpoint Inc. Wellpac Mailing Address 120 Monument Circle			Date of Receipt  0 2 0 4 2 0 0 8
City Indianapolis	State IN	Zip Code 46204	Transaction ID: 59695-50072878599167  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<b>C</b> C00	0197228	5000.00
Name of Employer	Occupation	1	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	5000.00
TOTAL This Period (last page this line number only)	<b>•</b>	20000.00

	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC  Full Name (Last, First, Middle Initial) Citibank  Mailing Address 1101 Pennsylvania Av 11th Floor  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  Full Name (Last, First, Middle Initial) Citibank  Mailing Address 1101 Pennsylvania Av 11th Floor  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: □ Primary □ General  Name of Employer  Receipt For: □ Primary □ General		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 25 (check only one)  11a 11b 11c 12 13 14 X 15 16 17					
<b>A</b> .	Americas Health Insurance Plans PAC  Full Name (Last, First, Middle Initial) Citibank  Mailing Address 1101 Pennsylvania Ave 11th Floor	name and add	dress of any political committee to	Date of Receipt    Date of Receipt   Date of D					
_	Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify) ▼	DC C Occupatio	20004	Amount of Each Receipt this Period  163.56  Bank Fee Reimbursement					
B.	Citibank  Mailing Address 1101 Pennsylvania Avenual 11th Floor  City  Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:	State DC C Occupatio	Zip Code 20004 1 Year-to-Date ▼ 235.22	Date of Receipt    M M M					

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	183.56
TOTAL This Period (last page this line number only)	<b>•</b>	183.56

		3 (FEC Form 3X	·		arate schedule(s)		FOR LIN	-	R:		L	PAGE	20 /	25
		BURSEMENTS		Detailed S	category of the Summary Page		X 21b 27	22 28a		23 28b	24 28	c $\Box$	25 29	3
		d from such Reports and poses, other than using t												S
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	ull Name (Last, F Bank of Americ	First, Middle Initial) ca						Trans				4-396	09926	69390
M	Mailing Address	730 15th Street, N Second Floor	W					0 <sup>M</sup> 2	M /	<sup>D</sup> 1	<b>5</b> /	Y	ó o ś	3 <sup>Y</sup>
V	ity Vashington		Sta D(		Zip Code 20005			Amou	nt of	Each	Disbur	semer	nt this I	
W	urpose of Disbur Vire Transfer Fee Candidate Name						001						12.0	JU
_	andidate Marile						ategory/ Type							
Ō	Office Sought:	House C Senate President		ent For: rimary other (spe	General cify) ▼									
	tate:	District:			•									
	Full Name (Last, First, Middle Initial) Bank of America							Date of	of Dis	burse				_
M	Mailing Address	730 15th Street, N Second Floor	W					0 <sup>M</sup> 2	M /	<sup>D</sup> 2	8 /	, 2	δο δ ε	3 1
	City Vashington		Sta D(		Zip Code 20005			Amou	nt of	Each	Disbur	semer	nt this I	Period
	urpose of Disbui Vire Transfer Fee						001	<u> </u>		-			12.0	00
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	itate:	District: First, Middle Initial)									0074	4 700	0.1.1.1	20100
	Citibank	not, whole miliary						Date of		burse				
M	lailing Address	1101 Pennsylvania 11th Floor	a Ave, NV	٧				0 <sup>M</sup> 2		0	5 /	2	Ó Ó 8	3
V	ity Vashington		Sta D(		Zip Code 20004			Amou	nt of	Each	Disbur	semer	-	
	urpose of Disbui Perchant Service						001				_	•	67.5	0
C	andidate Name					С	ategory/ Type							
Ō	Office Sought:	House C Senate President		ent For: rimary other (spe	General									
S	itate:	District:		uiei (spe	ony) ♥									
SUF	BTOTAL of Disb	ursements This Page (or	otional)				▶						91.5	0

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s)	FOR LINE (check onl	NUMBER:	PAGE	21 / 25	
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and State for commercial purposes, other than using the name						
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
	Americas Health Insurance Plans PAC (A	.HIP PAC)					
	Full Name (Last, First, Middle Initial)			Transaction ID: 96	744-868	9386248	5886
	Citibank			Date of Disburseme	ent		
	Mailing Address 1101 Pennsylvania Ave 11th Floor	, NW		02 / 11	/ Y 2	0 0 8	
	City Washington	State Zip Code DC 20004		Amount of Each Dis	sbursemen	t this Per	od
	Purpose of Disbursement Merchant Service Fee	Γ	001			31.66	
	Candidate Name		Category/ Type				
	Office Sought: House Disburs Senate President	sement For: Primary General Other (specify) ▼					
	State: District:						

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	31.66
TOTAL This Period (last page this line number only)	<u> </u>	123.16

# SCHEDULE B (FEC Form 3X)

		Use separate schedule	s)		)R LINE neck only					LA	GE 2	22 / 23	· · · · · ·
IT _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	;		21b 27	22 28a	X	23 28b	$\boldsymbol{\sqcup}$	24 28c	$\square$	25 29	26
	y Information copied from such Reports and Stat for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)												
	Americas Health Insurance Plans PAC (	AHIP PAC)											
	Full Name (Last, First, Middle Initial) Alexander for Senate 2008 Inc						of D	isburs	emen	_			8686
	Mailing Address 228 S Washington Str	eet Suite 115				0 <sup>M</sup> 2	М	/ D	0 5	/ L	ž o	0 8	
	City Alexandria	State Zip Code VA 22314	_			Amou	int o	f Each	n Disb	ourser		his Pe	-
	Purpose of Disbursement 2008 Primary Contribution Candidate Name		C	01 ateg	1 Jory/				•	•	230	00.00	
	Sen. Lamar Alexander  Office Sought: House X Senate President  State: TN District:	rsement For: 2008  X Primary General Other (specify)		Тур	oe								
	Full Name (Last, First, Middle Initial) Blue Dog Political Action Committee							isburs				4122 0 0 8	
	Mailing Address 6849 Old Dominion Dr Suite 222						_						
	City McLean	State Zip Code VA 22101	_			Amou	int o	f Each	n Disk	ourser		his Pe	-
	Purpose of Disbursement 2008 Contribution  Candidate Name			_	jory/		•		•	•	500	00.00	•
	Senate President	rsement For: 2008 Primary General X Other (specify)	-	Тур	oe								
	Full Name (Last, First, Middle Initial) Committee To Re-Elect Artur Davis To (	Congress, the				Trans Date	of D	isburs	emen				
	Mailing Address PO Box 1845					0 <sup>M</sup> 2	М	/ D	0 5	/ L	ž o	08	
	City Birmingham	State Zip Code AL 35201				Amou	int o	f Each	n Disb	ourser		his Pe	-
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Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.